

normal order of business, and that is to have a proposal that is developed and generated in a bipartisan way through the Finance Committee, bring that bill to the floor of the Senate for further debate and further amendment. The Finance Committee is progressing well. The action of the Finance Committee is on course to accomplish my goal.

Our leadership goal is bringing this to the floor on about June 16, 2 weeks from now. I am pleased with the progress to date. I understand we have a long way to go. It is a complex piece of legislation, but a very important piece of legislation that I am absolutely convinced we can bring to resolution for the benefit of seniors and individuals with disabilities.

We will have approximately 2 weeks on the floor of the Senate. I have made that very clear as well so that people, for the last several months, have been able to prepare and think through what is important to them, talk to their constituents, talk to their counselors to make sure we address this in a very thoughtful way.

I think we will be able to work together—both sides of the aisle—to cull the very best of our ideas and give America's seniors a Medicare system that will do what we want to do: provide our seniors and individuals with disabilities real health care security.

I believe we need to work to make sure that seniors do have the choice and the flexibility to be able to choose the type of coverage that best meets their individual needs. We need to make sure that coverage is available to every senior, everywhere. There has to be a special focus, as we all know, on the issues that pertain directly to the rural population. You can do that, for example, by requiring plans to bid in large geographic areas across the country, instead of just cherry-picking, whether it is urban, or suburban, or just a rural population. I think we can get rid of the cherry-picking that has emerged in the current system. If a health coverage plan wants to serve patients in a high-cost, densely populated suburban or urban area, they will also have to offer coverage in rural areas, whether it is Maine, Wisconsin, Montana, or in Iowa.

We can do all of this if we focus on the big picture for the future. Our fellow citizens are clearly relying on us and we need to focus on them. Now is the time for us not to just get by another year but to transform this system in a positive way.

Seniors deserve choice. They deserve having a system that is focused on the patient, one that is really patient centered. They deserve care that is flexible, with less paperwork and bureaucracy. They deserve care that focuses on prevention and not just in response to acute episodic injury, so that you can capture that early heart disease before it becomes what is called a cardiomyopathy or a chronic congestive heart failure. It ends up being less expensive, more valuable, and certainly

keeps patients healthier. They need to be protected from catastrophic out-of-pocket expenditures. Most seniors do not realize today that if they get very sick, there is no limit as to the out-of-pocket costs they have to pay. We need to protect them especially in those events surrounding catastrophe.

I think seniors should be in a system that allows them the opportunity to see the doctors they choose. Thus, it is my hope and intention that we will vote on final passage before leaving for the Independence Day recess. Once passed, I am very hopeful that the bill, whatever its final shape, will begin to help seniors as soon as possible.

Whenever we bring up to date or strengthen a system, it takes time to implement that plan in a careful and systematic way. I think as we develop that plan and begin to implement it, there are ways we can immediately begin to help those seniors who need help with prescription drugs.

In 1963, when leading the fight to enact Medicare, President John F. Kennedy said:

A proud and resourceful nation can no longer ask its people to live in constant fear of a serious illness for which adequate funds are not available. We owe the right of dignity in sickness as well as in health.

Medicare, as I mentioned yesterday in this Chamber, has served a generation of America's seniors very well. Our challenge now is to take a system which is out of date—if you look at the way state-of-the-art care is delivered—and bring it up to date so we can serve the current generation and next generations of seniors equally well.

We have an opportunity to do that now. We have an obligation, I would argue, to do that now so that we can provide real security for generations to come.

AFRICAN AMERICAN MUSEUM

Mr. FRIST. Mr. President, I close my opening remarks today by commenting on an issue that will be talked about later in morning business. It has to do with the development and launching of legislation on the National Museum of African American History. I thank, in particular, the Presiding Officer of the Senate now, Senator BROWNBAC, for his leadership on this issue. Also, I thank Senator DODD, Senator LOTT, Senator SANTORUM, Senator STEVENS, Representative JOHN LEWIS of Georgia, and Representative J. C. Watts for their outstanding efforts in launching the National Museum of African American History.

Currently, there is no national museum that honors the African-American story, and my colleagues seek to change that. They have introduced legislation to plan and construct a museum within the Smithsonian Institution dedicated to celebrating and preserving African-American history at a national level.

The legislation sets forth a joint Federal-private partnership for building

the museum and authorizes \$17 million for the first year to launch the museum council which will be comprised of leading African Americans from the museum, historical, and business communities.

The Museum of African American History will help educate all Americans and visitors alike on the rich history of African Americans and their essential role in transforming America's politics, its culture, its character, and its soul.

I take this opportunity to thank my colleagues for their commitment and for their leadership in this important endeavor.

Mr. President, I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now will be a period for morning business not to extend beyond the hour of 11 a.m., with the first 30 minutes under the control of Senator BROWNBAC or his designee, and that the remaining time be equally divided between the two leaders or their designees, and that Senators be limited to 5 minutes each.

The Senator from Illinois.

PRESCRIPTION DRUG BENEFIT

Mr. DURBIN. Mr. President, there are many issues that will be before us this morning and during the course of this week, such as the Energy bill, which, of course, is of great importance to the security of the United States of America. We have had amendments on that bill over the last several days. But we will also be considering an important issue for millions of Americans, and that is the cost of prescription drugs. It is an issue which families face all the time, particularly if they have someone in the family with a serious illness. It is particularly difficult as well for senior citizens on a fixed income.

There are two different issues that are going to be tested in this Chamber. There is a Republican approach which suggests we need to basically privatize Medicare, that we need to basically abandon the system of health insurance protection for seniors which has been effective for over 40 years.

There are many on the Republican side of the aisle from a conservative political viewpoint who really do not care much for our Medicare system. They have been fairly outspoken about it. One of them is Senator SANTORUM of Pennsylvania, one of the leaders on the Republican side. This is what he said recently about Medicare:

The standard benefit, the traditional Medicare program, has to be phased out.